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CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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CITY: PALO ALTO

STATE/COUNTRY: CA ZIP: 94306

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APPLICATION TITLES:

COMPOSITION AND METHOD FOR PRODUCING AN IMMUNE  
RESPONSE AGAINST TUMOR-RELATED ANTIGENS

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


**UNITED STATES DEPARTMENT OF  
COMMERCE**

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
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<b>SERIAL NUMBER</b> 09/402,845	<b>FILING DATE</b> 03/14/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 7636-0013.10
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A 371 OF PCT/US98/07232 04/10/1998  
 WHICH CLAIMS BENEFIT OF 60/043,301 04/11/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE** \*\*  
**GRANTED \*\* 05/02/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**  
 COMPOSITION AND METHOD FOR INDUCING AN IMMUNE RESPONSE AGAINST TUMOR-RELATED ANTIGENS

<b>FILING FEE RECEIVED</b> 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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